

## Strategies to Improve Mental Health

Level of the Socioecological Model	Strategies
<b>Individual</b>	Seek help for mental health problems <sup>13</sup> ; adults aged 60 years and older should have depression care management at home. <sup>18</sup>
<b>Family/Home</b>	Respond sensitively to family members with mental health conditions; know what community resources exist; help family members make contact with appropriate services <sup>19</sup> ; safely store firearms. <sup>20,21</sup>
<b>Clinical</b>	Offer screening for depression in adults and adolescents (aged 12-18 years) when treatment and follow-up services are available <sup>22,23</sup> ; offer developmental screening of young children <sup>24</sup> ; use collaborative care for the management of depressive disorders <sup>25</sup> ; deliver culturally competent care <sup>19</sup> ; develop crisis plans for persons with mental illness <sup>26</sup> ; stay up-to-date on evidence-based clinical preventive screening, counseling, and treatment guidelines.
<b>Schools and Child Care</b>	Implement evidence-based mental health programs; staff members should be trained to identify stress in children that leads to mental health problems, as well as signs of mental illness <sup>27,28</sup> ; implement evidence-based healthful living curricula in schools <sup>29,30</sup> ; staff should know which community resources exist, offer appropriate referrals, and act sensitively <sup>19</sup> ; mental health professionals working at schools should have specific training in child and adolescent mental health. <sup>28</sup>
<b>Worksites</b>	Employers should conduct assessments of office stress, health, and job satisfaction and use interventions to target office stressors. <sup>31</sup>
<b>Insurers</b>	Provide coverage for developmental screenings and psychosocial behavioral assessments for children and adolescents with no cost sharing <sup>24</sup> ; provide coverage for depression screening and intervention services offered in primary care settings for adolescents and adults with no cost sharing <sup>f,32</sup> ; provide coverage of mental health services in parity with other services. <sup>g</sup>
<b>Community</b>	Services should take into account age, gender, race, and culture <sup>19</sup> ; facilitate “portals to entry” to services and treatment in the community <sup>19</sup> ; publicize ways to access mental health crisis services outside of emergency departments and create partnerships among emergency personnel, school, community hospitals, law enforcement, and behavioral health crisis service providers to improve coordination and communication <sup>26</sup> ; support school-based and school-linked health services. <sup>30</sup>
<b>Public Policies</b>	Expand the availability of mental health services in outpatient and community settings <sup>19</sup> ; provide funding to support school-based and school-linked health services and achieve a statewide ratio of 1 school nurse for every 750 middle and high school students <sup>30</sup> ; develop comprehensive systems of care that include prevention, treatment, and recovery supports <sup>13,19</sup> ; provide tax incentives to encourage comprehensive worksite wellness programs <sup>29</sup> ; implement a surveillance system to promote developmental screenings <sup>33</sup> ; provide funding for research on support and prevention strategies. <sup>19</sup>

f Patient Protection and Affordable Care Act, Pub L No. 111-148, § 1001, 4105-4106, enacting §2713 of the Public Health Service Act, 42 USC §300gg.  
g North Carolina Session Law 2007-268.